

**Session 2 Topics**

- Topic 1 Welcome Back – 20 minutes**
- A. Warm-Up Activity
  - B. Review of Session 1
  - C. Preview of Session 2
- Topic 2 Formula and Its Disadvantages – 45 minutes**
- A. Introduction to Formula
  - B. How Does Formula Compare to Breastmilk
  - C. Disadvantages of Formula
  - D. Create an Ad
- Topic 3 Recognizing When to Feed Baby – 30 minutes**
- A. Feeding Cues
  - B. Feeding Patterns
  - C. Sleepy, Fussy and Colicky Babies
- Topic 4 Getting Breastfeeding Off to a Good Start – 75 minutes**
- A. Positioning
  - B. Helping with Positioning
  - C. Four Steps to a Successful Latch
  - D. Latch-On Exercise
  - E. Signs of a Good Latch
  - F. Making Enough Milk
- Topic 5 Signs that Breastfeeding is Going Well – 30 minutes**
- A. Weight Gain
  - B. Adequate Output
  - C. Common Reasons Mothers Worry
- Topic 6 Guest Speaker – 30 minutes**
- Topic 7 Closing Activity and Preview – 10 minutes**
- A. Feedback on Session 2
  - B. Preview of Session 3
  - C. Homework

## Topic 1 – Welcome Back

### A. Warm-Up Activity

1. **Locate** Handout #2, “Find Someone Who....” in your appendix.  
**Circulate** throughout the room and find someone who fits each description.  
**Write** the name of your classmate on the appropriate lines. Talk to as many different people as possible. After five minutes, find out who has the most names on their handout.  
  
**Listen** as your facilitator reads each phrase on the “Find Someone Who...” handout. **Stand up** if the phrase applies to you.

### B. Review of Session 1

1. Did anyone **bring** in milk samples? If so, **share** with the group. What differences do you see in the samples?
2. **Turn** to a partner and **share** your experiences practicing the 3-Step Counseling Strategy since our last session.  
  
What did you **notice** when you used this method?  
  
What questions do you have regarding the 3-Step Counseling Strategy or other topics covered in Session 1?

### C. Preview of Session 2

- Find** and silently **read** the topics for Session 2.
- What questions do you have about the topics for Session 2?



## Topic 2 – Formula and Its Disadvantages

### A. Introduction to Formula



Humans are the only species that feed their babies milk they do not make themselves. Babies are meant to be breastfed.

Formula is made out of cow's milk or soy beans because these are cheap and easy to get. There are other animals whose milk is more like human milk, however getting it is not easy. For example, gorilla milk is more like human milk, but how do you milk a gorilla?

Even though formula has the “ingredients” needed for growth and development (such as protein, sugars, fat, water, vitamins, and minerals) it does not have substances found in breastmilk that are needed for optimal health. Breastmilk has over 200 ingredients that formula does not have. These ingredients help protect against disease and promote the best growth and development.

Many people think formula is the same as breastmilk. This is not true. Formula companies add ingredients to formula as they learn more about breastmilk. They cannot make the ingredients that protect babies from many illnesses. A better name for formula may be “artificial baby milk”, or ABM because it is an unnatural, man-made product.

Babies are meant to be breastfed!

### B. How Does Formula Compare to Breastmilk

**Find** and **review** Handout #3 , “How Does Formula Compare to Breastmilk” in the appendix.

What surprises you the most about the differences between breastmilk and formula (artificial baby milk)? **Share** your feelings about this handout with the group.

What questions do you have about the differences between breastmilk and formula?

### C. Disadvantages of Formula

**Break** into four groups. Your facilitator will assign each group one of the following:

1. The disadvantages of formula to babies
2. The disadvantages of formula to mothers
3. The disadvantages of formula to families
4. The disadvantages of formula to societies (or the world)

Each group, using a flip chart, **develop** a list of “disadvantages to...”.

**Share** your group's disadvantages with the large group.

This image shows a blank sheet of white paper with horizontal ruling lines. The lines are evenly spaced and run across the width of the page. There are no margins, text, or other markings on the paper.

**Compare** your lists with those found on page 34.



*That's what it's all about... moms helping moms.*

## Disadvantages of Formula

1. The disadvantages of formula to **babies** are:
  - More illnesses, such as colds, ear infections, urinary tract infections, stomach illnesses, allergies, asthma, childhood cancers and diabetes
  - Greater chance of becoming obese
  - Greater chance of sudden infant death syndrome (SIDS)
  - Greater chance that mother will not hold her baby when feeding
  - Lower IQs (lower scores on tests that measure smartness)
  - Stools that are harder and smellier
  - It may be contaminated with bacteria germs or harmful substances
2. The disadvantages of formula to **mothers** are:
  - Greater chance of getting breast, ovarian, and uterine cancers
  - Greater chance of getting rheumatoid arthritis
  - Greater chance of having bones that are not strong and could break (hip fractures) when older
  - Greater chance of increased bleeding after birth
  - Greater chance of getting pregnant sooner than planned
  - A harder time getting back to what they weighed before pregnancy
3. The disadvantages of formula-feeding to **families** are:
  - Mothers may not make it right (using too much or too little water) causing the baby to not grow well
  - It may be missing key ingredients and need to be returned to the store (recalled)
  - It costs more (formula, bottle supplies, medical costs)
  - It requires work to make and to clean up
  - It takes more time to get ready to leave the house and more supplies are needed
  - It is not always available in emergency situations
  - Family members miss more work or school to care for a sick baby
  - It can cause stains on clothes that do not come out with washing

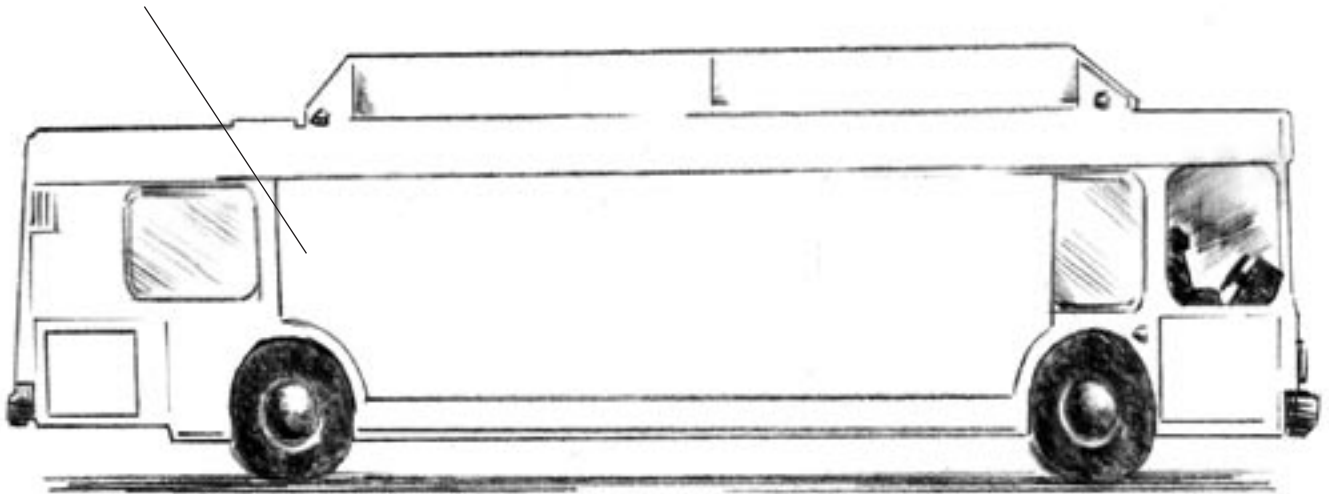
4. The disadvantages of formula feeding to **society** (or the world) are:

- There are more sick children so it costs more to care for them
- It uses more of our money (tax dollars)
- It makes more garbage for our landfills
- It uses energy (fuel) to make, package and ship
- It makes breastfeeding seem unimportant

**D. Create an Ad**

You may have seen or heard commercials on the radio or TV that say “Babies were born to be breastfed”. **Working** in pairs or small groups, **make up** an ad that you might see on a billboard, a bus or in a WIC clinic that talks about the disadvantages of formula feeding. What message would you like women to read or see?

Your Ad Here



What questions do you have about the disadvantages of formula?

## Topic 3 – Recognizing When to Feed Baby

### A. Feeding Cues



Many new mothers wonder when they should breastfeed their babies. Babies should be fed when they show signs of hunger called “cues”. Mothers need to learn their baby’s hunger cues so they can breastfeed their babies **before** they cry or become too unhappy. When a baby is very unhappy, it is often harder to get the baby to eat. When possible, mothers should breastfeed when they see their baby’s early hunger signs.

New mothers also wonder when their babies are full. Healthy babies will stop eating when they have had enough. Babies show “cues” when they are full. Mothers need to learn how to tell if their baby is full so they don’t worry about the baby not getting enough breastmilk.

How could you tell when your baby was hungry before he or she cried?

How did you know when your baby was full?

**Share** your thoughts with the group. Your facilitator will **write** your list of “hunger cues” and “full cues” on a flip chart.

**Compare** your lists with the one on page 38.

### Optional Activity

Watch video on infant feeding cues.







*The training was great. I just couldn't call a mom  
without practicing first.*

## **Baby's Cues**

### **Baby's Early Hunger Cues**

- Hands near face or mouth
- Turning to face mother
- Sucking movements/sounds
- Fussiness

### **Baby's Late Hunger Cues**

- Fingers making a fist over chest, tummy, or face
- Stiff, straight arms and legs
- Crying

### **Baby's Full Cues**

- Less sucking
- Hands opened and relaxed
- Arms relaxed over chest or tummy
- Legs relaxed
- Fingers relaxed
- Mouth lets go of the breast
- Baby is relaxed or falls asleep

What questions do you have about feeding cues?

**B. Feeding Patterns**

Newborns should breastfeed 8–12 times in 24 hours. Babies breastfeed for different amounts of time during the day. Sometimes a newborn will breastfeed for about an hour. Other times, the same newborn will just snack and eat for a shorter time. Some babies breastfeed slowly. Others breastfeed quickly. It is important not to watch the clock. Mothers should feed their babies when they are hungry, usually every 2 to 3 hours. In the first month, newborns should only have one 4–5 hour stretch of sleep in 24 hours. The important thing to remember is newborns need to eat 8–12 times in 24 hours!

Sometimes babies breastfeed several times within a short time. This is known as cluster feeding and is normal. Mothers often worry that something is wrong when their baby cluster feeds. Babies often cluster feed to meet their needs for a long stretch of sleep or because they are getting ready for a growth spurt.

Some mothers worry that their babies spend too much time breastfeeding. Babies suck for reasons other than hunger. Babies breastfeed for closeness, comfort, and security as well as for food. Most healthy newborns will breastfeed for about 7 hours a day. It's important for mothers to know that their baby needs to breastfeed often.

*The important thing  
to remember is newborns  
need to breastfeed  
8–12 times in 24 hours!*

In small groups, **share** the following:

- How long your baby took to breastfeed
- Whether or not your baby cluster fed
- How you felt about how often and how long your baby breastfed

**Share** with the large group.

What questions do you have about feeding patterns?

**C. Sleepy, Fussy and Colicky Babies**

Did any of you have a baby that was sleepy, fussy or colicky?

If so, what was this like for you? **Share** with the group.

**Sleepy Babies**

Some babies are called “sleepy babies” or “very good babies” because they sleep for long periods of time or fall asleep after breastfeeding for only a short time. These babies may not get enough breastmilk. Mothers need to count the number of wet and dirty (poopy) diapers to make sure their baby is getting enough breastmilk (this will be discussed later in this session).

If a mother notices that her baby falls asleep a lot while breastfeeding and her breasts have not softened, she should try to wake her baby. It is important for mothers to help their sleepy baby stay awake and breastfeed. Does this mean that babies cannot pause when eating? No, babies feed in a pattern that includes bursts of sucks and pauses. The pauses usually last five seconds or less. In a sleepy baby, these pauses may be longer than five seconds, even when the baby has not had enough milk. There are many ways a mother can wake her sleepy baby.

**Fussy or Colicky Babies**

Babies are often fussy for a few hours in the late afternoon or evening in the first few months of life. Some babies have “colic” and get more upset. These babies may pull their legs towards their stomach and cry loudly. The cause of colic is unknown. As anyone who has had a colicky baby knows, this can be very stressful. Breastfeeding is one of the best things you can do to comfort a colicky baby. Luckily, colic usually stops when the baby is about three months old.

When trying to calm the baby, it is common for mothers to give formula, herbal tea or solid foods. This does not help and may make the baby feel worse. There are other ways mothers can try to calm their fussy babies. It can take 20 minutes to help a baby calm down, so mothers need to keep trying the same thing for about five minutes before changing to another. Doing many different things can make the baby more upset.

**Divide** into two groups.

Group 1: **Write** a list of ways to wake a “sleepy baby” on a flip chart.

Group 2: **Write** a list of ways to calm a “fussy or colicky baby” on a flip chart.

**Share** your lists with the class.

**Compare** your lists with the one on page 42.

What questions do you have about ways to wake a sleepy baby or calm a fussy baby?





*None of my friends know anything about breastfeeding.  
I'm glad my peer counselor called.*

### *Ways to Wake a Sleepy Baby:*

- Take off all of the baby's clothes except the diaper
- Hold the baby skin to skin with the mother's bra removed
- Talk to the baby changing your tone of voice
- Touch the baby in a variety of ways, such as stroking the baby from fingertips and toes toward the chest
- Rub the baby's hands, feet, legs, etc.
- Stroke the baby's cheeks, lips, and mouth
- Tickle under the baby's chin while breastfeeding
- Change the baby's diaper
- Walk your fingers up the baby's spine
- Burp the baby
- Switch to the other breast if the baby falls asleep during a feeding
- Breastfeed the baby in a more upright position
- When sucking slows down or the baby appears to be falling asleep while breastfeeding, massage the breast to encourage another let-down

### *Ways to Calm a Fussy Baby:*

- Burp the baby, if needed
- Change the baby's diaper
- Use deep, soothing sounds when talking to the baby
- Hold the baby upright and stroke the baby's back and head
- Rock the baby side to side
- Rock the baby in a rocking chair
- Let the baby suck on a clean finger
- Swaddle the baby
- Lie the baby tummy side down on your lap or bed and gently pat. (If the baby falls asleep on the bed, be sure to place the baby on their back to sleep. Never leave the baby on the bed alone.)
- Carry the baby in a sling or front pack and go for a walk
- Take the baby for a stroller ride
- Take the baby into a quieter room
- Take a bath or shower together



## Topic 4 – Getting Breastfeeding Off to a Good Start

### A. Positioning

From your experience, what kind of breastfeeding positions did you find to be most comfortable? What positions did you find easiest when you first started to breastfeed? What did you like about these positions?

#### Positioning



When mothers are first learning to breastfeed, some positions can make breastfeeding easier. Once the baby has learned to latch, many mothers use other positions to feed their babies. By the time most babies are three months old, they have **their** favorite positions for feeding!

There are four common positions used when learning to breastfeed.

- Clutch Hold (football)
- Cross-cradle Hold (transitional)
- Cradle Hold (traditional)
- Side-lying Hold

For all of these positions:

- Mother's breast must be easy to get to so baby can get a good, deep latch
- Mother needs to be comfortable
- If she is sitting, a mother's back should be straight (she should scoot her bottom as far back as possible in her chair)
- Mother's arms should be supported (pillows, rolled washcloths or towels are helpful around and under the arms)
- Except for the side-lying position, mother's knees should be level with her hips (a stool or something to prop up her feet may be helpful)
- While learning to breastfeed, extra clothes should be removed from the mother and baby
- Mother holds the baby with the palm of her hand facing the ceiling. When bringing the baby to the breast she turns her palm toward the breast so that the baby's ear, shoulder, and hips are in a straight line facing the breast
- Baby's head, chest and knees should face the same direction so baby can swallow easily

1. **Think** about what position your chin and head are in when you drink a glass of water.

**Turn** your head to the side and **swallow**.

**Place** your chin on your chest and **swallow**.

How did each of these **feel**?

**Share** in the large group.

2. **Listen** and **watch** as your facilitator reads about and shows the four common positions used when mothers are learning to breastfeed.



### Clutch Hold (Football)

- Mother holds the baby with the arm on the same side as the breast being offered
- Mother's hand supports the baby's shoulders and head with the thumb just under one of the baby's ears and her index finger under the other ear
- Baby's body is supported by mother's forearm and baby's bottom rests on the chair or a pillow near the mother's elbow
- With the other hand, the mother supports her breast; if her breasts are large, she may use a folded washcloth or receiving blanket in a roll under her breast
- Pillows may be placed at the mother's side and back for support
- A mother with large breasts may need to put baby next to her on the seat of a sofa



This position is a good choice for mothers who had a C-section. It puts less pressure on the mother's tummy. This is also a good position for premature infants, mothers with large breasts, and most newborns. Mothers can see their baby's mouth open wide and help them latch in this position.





### Cradle Hold

- The mother supports the baby's head on her forearm so the baby's nose is at the level of the nipple and the baby's chin is tilted away from his or her chest
- Mother's forearm supports the baby's body while her hand supports the baby's lower back or bottom, depending on length of the baby
- Mother's tummy and baby's tummy should be touching each other
- Baby's feet should be slightly lower than his or her head unless it causes the baby to pull on the nipple
- Baby's ear, shoulder and hip should be in a straight line

This is the most common position mothers use to breastfeed.





### Cross-cradle Hold

- Mother supports the baby's body and head like the clutch hold
- Mother brings baby across the front of her body so that baby's face, tummy and chest are facing her
- Mother wraps the baby's legs around her side
- Baby breastfeeds on the breast opposite mother's supporting arm
- Mother supports her breast using her free hand



This position is used in the early weeks while breastfeeding is getting started. The cross-cradle hold is often used when the baby's neck needs a little more support or when the mother needs to support her breast. Mothers can move to the cradle hold after their baby has latched on and is sucking well, unless baby is small or weak or she needs to support her breast.

To change to the cradle hold from the cross cradle hold, support the baby's head and bring the other arm around the baby to support his or her body. The baby's head should be resting on the upper end of the forearm or almost on the bend of the arm with the hand supporting baby's lower back or bottom.





### Side-lying Hold



- The mother lies on her side with her back supported by pillows, if needed
- The baby is placed on his or her side facing the mother's breasts
- A rolled blanket may be used next to the baby's back to hold the baby in place, but make sure the baby's head is free to move away from the mother
- When breastfeeding with the "bottom" breast, roll top leg back
- When breastfeeding with the "top" breast, roll top leg forward
- For safety, mothers should avoid breastfeeding in waterbeds or in beds with comforters or fluffy blankets

A mother often uses this position during night feedings or during the day when she wants to rest. Sometimes mothers find this position hard to learn. If that happens, suggest she sit at the side of the bed and get baby started in a cradle hold. Then slowly lower herself and the baby to a lying down position. The more she uses this position, the easier it becomes.

3. With a partner, **practice** each position using your dolls and pillows. **Take turns** being the mother and the peer counselor. Your facilitator will come around and answer any questions you have about these positions.

**B. Helping with Positioning****1. Helping Mothers Position Their Babies.**

When helping mothers, remember to:

- Talk her through correct positioning.
- Let her position the baby by herself, as it will help her to learn.
- Talk to the mother about using the position that is best for the situation (i.e. football hold for a c-section). She does not need to learn all four breastfeeding positions.
- Always ask permission before touching the mother or baby. For example, “I would like to help you. Is it okay for me to touch you and your baby?”
- Put your hands over hers, if you need to help.
- If possible, have her position the baby and describe how she did it. You can write down these steps in her own words to give her.

**2. Helping Mothers Over the Phone**

The following questions may be useful when helping mothers with positioning on the phone:

- Are you in a comfortable position with your back and arms supported?
- Are your shoulders relaxed?
- If you are sitting, are your knees level with your hips? Do you need a stool?
- Are the baby's mouth and body facing your breast?
- Are the baby's ear, shoulder and hips in a straight line?
- Are you holding the baby with your palm up then rotating your palm toward the breast as you latch the baby on?
- Do you have a phone and something to drink next to you?



3. **Practice** Helping Mothers Over the Phone to Position Their Babies

**Divide** into four groups.

Each group should select one of the four positions.

On a flip chart, **write** the steps for talking to a mother on the phone about positioning her baby using your own words.

**Share** your steps with the large group.

What questions do you have about breastfeeding positions?

What questions do you have about helping a mother position her baby?

### C. Four Steps to a Successful Latch



Latch-on is the way the baby attaches to the breast. A correct latch-on is important to:

- Make sure the baby gets enough milk
- Avoid sore nipples
- Get the breast to make more milk

Latch-on comes easily for many babies, but some need a little more help. The following guidelines might be helpful when talking to a mother about latch-on:

1. Use one hand to “ridge” the breast (gently flatten the breast with your fingers as if it were a sandwich with one hand), keeping the fingers away from the areola.
2. Bring the baby’s nose toward the nipple, then let the baby’s head tilt back slightly by bringing baby’s chin toward the nipple.
3. With the baby’s mouth open wide and tongue down, bring the baby to breast making sure the baby’s lower lip touches the breast first. Make sure the mother’s palm is facing the breast and the baby’s body is in a straight line close to her.
4. Make sure the baby’s mouth takes in more of the underside of the areola and breast so that the nipple is where the hard and soft palate meet. It is important to remember the baby is “**breastfeeding**” and not “**nipple feeding**”.



**D. Latch-on Exercise**

1. To understand exactly how far back the mother's nipple should be in the baby's mouth, **find** the soft spot in your mouth. **Use** your tongue to feel where the soft spot (palate) begins. To do this, **slide** your tongue along the roof of your mouth until it meets a soft spot. The mother's nipple should rest in this spot while breastfeeding.

2. The following activities will help you learn more about latch-on.

**Note: If you are allergic to latex please do not do these activities.**

**Take** 1 balloon and 1 cotton-swab. **Blow** up the balloon "to the size of a breast".

**Using** the cotton swab, **dab** into the lipstick and then **dab** on your lips or you may use your own lipstick. If needed, put on more lipstick after each latch.

**Use** a new cotton swab every time you put lipstick on your lips.

- a. **Position** the balloon in the air at the same level as your mouth. **Center** the "nipple" toward your open mouth and pull in quickly to **latch-on**. **Look** at the lipstick prints on the balloon. What do you notice? What did you notice about the position of your nose and the position of your chin?
- b. **Make** a ridge (flatten the balloon with your fingers as if it were a large sandwich) like we talked about earlier. **Press** the balloon gently into an oval shape that runs corner to corner across your mouth. **Center** the "nipple" toward your open mouth and pull in quickly to **latch-on**. **Look** at the lipstick prints on the balloon. What do you notice?
- c. **Make** the same ridge as above but this time **bring** the underside of the balloon to your lower lip and "**roll**" the balloon into your mouth. **Look** at the lipstick prints on the balloon. What do you notice?

What do you **notice** about the three different lipstick marks on your balloon?

Which method will **help** the baby get the most milk and not cause sore nipples? Why?

**Notice** in the last latch your lips were flanged or curled outward and your lower lip was much farther away from the "nipple" than the upper lip resulting in more breast (balloon) in the mouth.

### E. Signs of a Good Latch



1. **Lack of constant pain:** In the first few days, it may be a little uncomfortable latching the baby onto the breast. This discomfort only lasts a few seconds until the baby gets the breast far enough into the mouth. When the baby is latched correctly a mother should not feel pain, even if she has sore or damaged nipples! If she continues to have pain or discomfort, encourage her to talk to a lactation specialist.
2. **Lips curled outward:** The baby's lips should be curled outward (flanged). If the lower lip is curled inward, the mother may get sore nipples.
3. **Chin is touching breast:** The baby's chin should be touching the breast.
4. **Nostrils barely touch breast, if at all:** Watch the baby to see if he or she is having trouble breathing. If the nose is too close to the breast, tuck the baby's lower body (buttocks and legs) in closer to keep nostrils free. The nose should not be pressing into the breast. The mother should not need to hold or press her finger to keep her breast away from the baby's nose. Applying pressure to the breast pulls the nipple out causing pain and flattens the milk ducts, which can reduce milk supply or lead to other problems.
5. **Cheeks are rounded:** When latched properly, the baby's cheeks should not appear dimpled or sucked in. If the cheeks are dimpled or sucked in, the mother should remove the baby and try again.
6. **Nipple comes out longer but not pinched or discolored:** At the end of a feeding, the nipple may come out longer but should not be pinched or discolored (darker or white). The baby will usually breastfeed until satisfied and let go of the nipple on his or her own. If the baby does not let go or the mother must take her baby off the breast, she can insert her finger into the corner of the baby's mouth between the upper and lower gums to break the suction. Her finger should remain in this position until the baby is completely off the breast. The finger will protect the nipple as some babies try to "bite" when they are removed.
7. **Baby's swallows can be heard:** The mother should be able to hear an "uh" or "pah" sound when the baby swallows.
8. **The breast is softer and feels lighter after a feeding:** The mother should notice a change in her breasts after a feeding.

What questions do you have about latch-on?





**F. Making Enough Milk**

One of the most important things a breastfeeding mother can do after her baby is born is to make sure she makes enough milk. Here are six helpful tips:

1. **Breastfeed within the first hour after birth:** Most newborns are quiet and awake for the first hour after birth and are ready to breastfeed. The sooner the mother breastfeeds, the sooner she will start making more milk.
2. **Breastfeed often (8–12+ times in 24 hours):** Feeding often will get her breasts to make more milk.
3. **Stimulate both breasts:** Let the baby finish one breast before feeding with the other breast. Do not limit how long the baby feeds at each breast. It is okay if a baby only uses one breast when feeding. If baby only takes one breast at a feeding, begin the next feeding with the other breast.
4. **Exclusively breastfeed:** No other liquids (water, sugar water or formula) should be given to a newborn unless ordered by a doctor. Giving other liquids may cause the breasts not to make enough milk and lead to early weaning.
5. **Avoid pacifiers and artificial nipples:** Pacifiers and artificial nipples (bottles) should not be used until breastfeeding is going well. When babies use pacifiers, the breasts make less milk because baby sucks less often at the breasts. Sometimes babies have trouble latching onto the breast once they have been given pacifiers or bottles. Nothing belongs in baby's mouth other than the breast, except in rare situations. Breastfeeding meets all of baby's sucking needs!
6. **Obtain breastfeeding help when needed, preferably by day 3:** Often mothers and babies leave the hospital before they know how to breastfeed well. Getting breastfeeding support in the first few days after birth can help mothers feel more confident and prevent early problems. Mothers who get help early, often breastfeed for more than just the first few weeks after birth.

**Share** in the large group some of the things you did to make sure you had enough milk. How do you think you can help a mother make enough milk?

What questions do you have about making enough milk?



## Topic 5 – Signs that Breastfeeding is Going Well

### A. Weight Gain.



The best sign that baby is getting enough milk is adequate weight gain. In the first few days after birth, most babies lose a little weight. Babies should regain the weight they lost by the time they are 10–14 days old. After the first few days, babies should gain at least  $\frac{1}{2}$  ounce per day for the first few months of life. Most babies gain 5 to 10 ounces (about  $\frac{1}{2}$  pound) a week for the first month. For the next few months, babies usually gain 1 to 2 pounds each month. Most babies double their birth weight by 6 months and triple their weight by 1 year.

Occasionally, babies increase the number of times or amount of time they breastfeed for 2 to 3 days. This increase in feeding is often thought to occur when the baby is having a growth spurt. After a few days, the baby will go back to breastfeeding the same as before. Growth spurts can happen at any time, but often happen when babies are:

- 2-3 weeks old
- 6 weeks old
- 3 months old
- Every couple of months after 3 months

Many mothers quit breastfeeding or begin giving formula when their babies increase the number of times or amount of time they spend breastfeeding. They worry that they are not making enough milk for their baby. Reassure mothers that their baby's increased desire to breastfeed will only last a few days and she will make all the milk her baby needs.

*Let mothers know that breastfeeding more at times is normal and she will make all the milk her baby needs. If a mother is worried about her baby's growth, encourage her to talk to her baby's health care provider or a lactation specialist.*

What questions do you have about weight gain?

**B. Adequate Output**

What did you notice when you changed your baby's diapers during the first couple of weeks? Did anything cause you to worry or think something was wrong? If so, what?

**Share** with the group.



Another way for new mothers to tell if their baby is getting enough breastmilk is by counting the number of wet and dirty (poopy) diapers the baby has each day.

For the first 5 days of life, babies should have 1 wet diaper for each day of life. So on day 1, babies should have 1 wet diaper. On day 2, babies should have 2 wet diapers and by day 5, babies should have 5 wet diapers. After day 5, babies should have at least 6 to 8 diapers each day.

Just as the number of wet diapers increases each day for the first few days, so should the number of dirty (poopy) diapers. On day 1, babies should have 1 thick, dark, tarry stool. On day 2, babies should have 2 dark, tarry stools. By day 3, babies should have 3 stools that are greenish-yellow in color. By day 5, babies should have at least 3 to 5 mustard-yellow, seedy, thinner stools. It is important to let mothers know that these changes in stools are normal and a sign that baby is getting enough breastmilk. Also, let mothers know that in the first few weeks it is normal for some babies to stool almost every time they breastfeed. After the first month, babies stool less often.

1. **Find** and **review** Handout #4 "Your Baby's First Week of Breastfeeding" in the appendix.

What questions do you have about this handout?

2. **Turn** to your partner and **discuss** how this handout might be useful when helping mothers.

**C. Concerns About Low Milk Supply**

1. **Divide** into small groups and answer the following question:

When you were breastfeeding, were you concerned about having enough milk?  
If yes, why?

**Compare** your concerns with the 1st column on the next page. You will find possible explanations (other than low milk supply) for each concern in the 2nd column.



Concerns About Having a Low Milk Supply:	Other Possible Explanations:
Baby is breastfeeding more.	Baby might be having a growth spurt. Baby might need more comforting.
Baby acts hungry after burping.	Baby might have had an air bubble. Baby might still be hungry (now that the air bubble is gone.)
Baby will take a bottle of formula after breastfeeding.	Baby may just want to suck. Breastfeeding is more than food to a baby. It is also comfort and security.
Breastfeeding is taking too long.	Baby is learning how to breastfeed. Some babies take longer than others to breastfeed. Some babies may spend at least 20 minutes on each breast. If the baby is feeding for longer than 45 minutes, there may be a feeding problem. As the baby gets older, breastfeeding will get faster.
Mother cannot express milk after breastfeeding her baby.	This is normal if baby is gaining weight, sounds of swallowing can be heard and milk can be seen. The amount of milk a mother is able to express after a feeding depends on the type of pump she is using and how well the baby empties the breast.
Mother's breasts are smaller and softer than they were in the beginning.	This is normal. After the first couple of weeks, the breasts are making the amount of milk the baby needs.
Mother doesn't feel a milk ejection reflex.	Some mothers do not feel the milk-ejection reflex. There are other signs that the MER has occurred such as sounds of swallowing, seeing milk around the baby's mouth, and the baby is gaining enough weight.
Mother's breasts do not leak.	Some mother's breasts do not leak. Leaking is not related to the amount of milk a mother makes.

2. **Divide** into small groups. On a flip chart, **write** your answers to the following question.

What suggestions could you give a mother to help increase her milk supply?

**Compare** your list with the one on page 58.





*Anytime you are trying to encourage someone to do something out of their normal experience, it's helpful if you are in the same culture or in the same age group. They are more likely to take to heart what you are saying.*

## Suggestions to Help Increase Milk Supply

- Feed your baby more often
- Massage your breasts during breastfeeding
- Pump after breastfeeding
- Make sure you drink to thirst and eat when hungry
- Rest with your baby skin-to-skin
- If you start taking medications or birth control pills, ask your health care provider for options that will not lower your milk supply
- Talk to a lactation specialist

### 3. Reassuring Mothers



Let mothers know that if the baby is gaining enough weight and has enough wet and dirty diapers she is making enough milk. If she is worried, encourage her to talk to a lactation specialist and her baby's health care provider.

#### 4. **Practice** Helping a Mother with Concerns about Milk Supply

**Divide** into groups of three. **Practice** role-playing using the Best Start 3-Step Counseling Strategy making sure each person pretends to be the “counselor”, the “mother” and the “observer” once. When you are the observer, **use** Handout #14 in the appendix to take notes. **Use** the following scenarios:

- A pregnant mother tells you she is worried she will not have enough milk for her baby because she did not have enough for her last baby.
- A mother of a 2-week-old calls and is worried that her baby is not gaining enough weight.
- A mother of a 6-week-old baby tells you she is not making enough milk anymore because her baby is “nursing all the time and was not doing this last week”. She wants to know if she should start giving formula.

After each role-play, **discuss** the following within your group:

*Counselor:* What did you think worked best? What was difficult? What do you wish you had done differently?

*Mother:* What did you find helpful? What suggestions can you give to your “counselor”?

*Observer:* Did you see the 3-Step Counseling Strategy used? What was the best part of the counseling? What suggestions can you give to the “counselor”?

What questions do you have about counseling a mother who has concerns about making enough milk?

### Topic 6 - Guest Speaker

**Listen** as a peer counselor shares her experiences and gives helpful tips for working as a peer counselor.



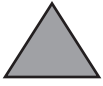

What questions to you have?

## Topic 7 – Closing Activity and Preview

### A. Feedback on Session 2

**Read** the questions next to the square, triangle, and question mark.

**Write** your answers below the question.

	
	What did we cover today that “squared” with or supported what you already knew about breastfeeding?
	What did you learn today that has you seeing something from a “different angle” or a new point of view?
	What questions do you have about the topics we covered today?

Who would like to **share** their answers?

**Look** at the tree created at the beginning of our first class. What topics were covered today that you wanted to learn more about (that were placed on the branches)? Your facilitator will move those post-it notes to the roots of the tree.

### B. Preview of Session 3

**Review** the topics for Session 3.

What are you **looking forward** to learning about?

**Share** with the group.

### C. Homework

Practice the 3-Step Counseling Strategy when talking with your family and friends before the next session. The more you practice, the easier this counseling strategy will become. Remember to ask questions, affirm feelings, and educate when appropriate.